

**Commonwealth of Kentucky
Department of Insurance**

Kentucky Filing Synopsis for Rates

Company Name: _____ **NAIC #:** _____ **DATE:** _____

1. This filing is being made under () use & file or () prior approval law.
2. What is the greatest percent (%) change (+or -) in premium for any insured in any classification in any rating territory within the latest 12-month period of time?
_____ % (include the compound effect of the last revision, if the effective date of that revision was within 12 months of this filing.)
3. What is the estimated average statewide impact on your direct written premium in Kentucky? _____ %
4. What was your company's direct written premium in Kentucky for this line of insurance last year? \$ _____
5. What was your company's loss ratio including all loss adjustment expense for this line of insurance last year? _____ %
For the last five years? _____ %
6. What was the effective date of your company's last rate change for this line of insurance? _____
7. To what extent is the proposed change based on your Kentucky profit/loss experience (KRS 304.13-057)? _____

8. What is the source of the statistical data being submitted?
() Own () Other Insurer () Advisory Organization
9. If the change is supported by statistical data provided by an advisory organization name the organization and reference filing number.
Organization _____ Reference filing number _____
() Kentucky data or () Countrywide data
10. If you are not relying solely upon your own statistical data, what weight have you given to your own data (KRS 304.13-335)? Explain why your own data was not sufficient in developing your new rates. _____

11. Has investment income been offset in your expected profit provision in your expense ratio?
() YES () NO. IF NOT, PLEASE EXPLAIN. _____
